Regimen Monograph

Regimen Name | Drug Regimen | Cycle Frequency | Administrative Information | References | Other Notes | Disclaimer

A - Regimen Name

CRBPNPAC Regimen

CARBOplatin-nab-PACLitaxel

Disease Site

Gynecologic
- Endometrial
- Ovary

Intent

Adjuvant
Curative

Regimen Category

Evidence-informed :

Regimen is considered appropriate as part of the standard care of patients; meaningfully improves outcomes (survival, quality of life), tolerability or costs compared to alternatives (recommended by the Disease Site Team and national consensus body e.g. pan-Canadian Oncology Drug Review, pCODR). Recommendation is based on an appropriately conducted phase III clinical trial relevant to the Canadian context OR (where phase III trials are not feasible) an appropriately sized phase II trial. Regimens where one or more drugs are not approved by Health Canada for any indication will be identified under Rationale and Use.

This **Regimen Abstract** is an **abbreviated** version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Rationale and Uses

For patients who experienced hypersensitivity reactions to taxanes (e.g. paclitaxel) or have significant contraindications to taxanes and/or their pre-medications.

(Refer to the NDFP eligibility form for detailed funding criteria.)

Supplementary Public Funding	**nab-PACLitaxel** New Drug Funding Program (Nab-Paclitaxel - Hypersensitivity Reactions to Taxanes) (NDFP Website)

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B - Drug Regimen

Nab-PACLitaxel is not-interchangeable with other PACLitaxel formulations.

nab-PACLitaxel	260 mg /m²	IV	Day 1
CARBOplatin	AUC 5 to 6	IV	Day 1

Adjust Carboplatin dose to AUC target (using Calvert formula) as outlined in Other Notes section.

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C - Cycle Frequency

EVERY 21 TO 28 DAYS

To complete total number of cycles as planned in the original paclitaxel-carboplatin regimen, unless disease progression or unacceptable toxicity occurs

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J - Administrative Information

Approximate Patient Visit	1.5 hours
Pharmacy Workload (average time per visit)	44.649 minutes
Nursing Workload (average time per visit)	49.167 minutes

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K - References

Alberts DS, Blessing JA, Landrum LM, et al. Phase II trial of nab-paclitaxel in the treatment of recurrent or persistent advanced cervix cancer: a gynecologic oncology group study. Gynecol Oncol 2012 Dec;127(3):451-5. doi: 10.1016/j.ygyno.2012.09.008.

BC Cancer Protocol Summary for Alternative Treatment of Gynecological Malignancies Using CARBOplatin and PACLitaxel NAB. BC Cancer Agency, Sep 2020.

Maurer K, Michener C, Mahdi H, et al. Universal tolerance of nab-paclitaxel for gynecologic malignancies in patients with prior taxane hypersensitivity reactions. J Gynecol Oncol 2017 Jul;28(4):e38.

Parisi A, Palluzzi E, Cortellini A, et al. First-line carboplatin/nab-paclitaxel in advanced ovarian cancer patients, after hypersensitivity reaction to solvent-based taxanes: a single-institution experience. Clin Transl Oncol 2020 Jan;22(1):158-162.

Srinivasan KN, Rauthan A, Gopal R, et al. Combination therapy of albumin-bound paclitaxel and carboplatin as first line therapy in a patient with ovarian cancer. Case Rep Oncol Med 2014;2014:940591. doi: 10.1155/2014/940591.

Wang L, Li S, Zhu D, et al. Effectiveness and safety of nab-paclitaxel and platinum as first-line chemotherapy for ovarian cancer: a retrospective study. J Gynecol Oncol 2023 Jul;34(4):e44.

December 2024 Added NDFP form; updated Rationale/uses and Drug Regimen sections

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L - Other Notes

Calvert Formula:

DOSE (mg) = target AUC X (GFR + 25)

- AUC = product of serum concentration (mg/mL) and time (min)
- GFR (glomerular filtration rate) expressed as measured Creatinine Clearance or estimated from Serum Creatinine (by Cockcroft and Gault method or Jelliffe method)

Calvert AH, Newell DR, Gumbrell LA, et al, Carboplatin dosage: Prospective evaluation of a simple formula based on renal function. J Clin Oncol, 1989; 7: 1748-1756.

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M - Disclaimer

Regimen Abstracts

A Regimen Abstract is an abbreviated version of a Regimen Monograph and contains only top level information on usage, dosing, schedule, cycle length and special notes (if available). It is intended for healthcare providers and is to be used for informational purposes only. It is not intended to constitute or be a substitute for medical advice, and all uses of the Regimen Abstract are subject to clinical judgment. Such information is provided on an "as-is" basis, without any representation, warranty, or condition, whether express, or implied, statutory or otherwise, as to the information's quality, accuracy, currency, completeness, or reliability, and Cancer Care Ontario disclaims all liability for the use of this information, and for any claims, actions, demands or suits that arise from such use.

Information in regimen abstracts is accurate to the extent of the ST-QBP regimen master listings, and has not undergone the full review process of a regimen monograph. Full regimen monographs will be published for each ST-QBP regimen as they are developed.

Regimen Monographs

Refer to the New Drug Funding Program or Ontario Public Drug Programs websites for the most up-to-date public funding information.

The information set out in the drug monographs, regimen monographs, appendices and symptom management information (for health professionals) contained in the Drug Formulary (the "Formulary") is intended for healthcare providers and is to be used for informational purposes only. The information is not intended to cover all possible uses, directions, precautions, drug interactions or adverse effects of a particular drug, nor should it be construed to indicate that use of a particular drug is safe, appropriate or effective for a given condition. The information in the Formulary is not intended to constitute or be a substitute for medical advice and should not be relied upon in any such regard. All uses of the Formulary are subject to clinical judgment and actual prescribing patterns may not follow the information provided in the Formulary.

The format and content of the drug monographs, regimen monographs, appendices and symptom management information contained in the Formulary will change as they are reviewed and revised on a periodic basis. The date of last revision will be visible on each page of the monograph and regimen. Since standards of usage are constantly evolving, it is advised that the Formulary not be used as the sole source of information. It is strongly recommended that original references or product monograph be consulted prior to using a chemotherapy regimen for the first time.

Some Formulary documents, such as the medication information sheets, regimen information sheets and symptom management information (for patients), are intended for patients. Patients should always consult with their healthcare provider if they have questions regarding any information set out in the Formulary documents.

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